

The Houston R-I School District, as the Administrative District for South Central Comprehensive Child Health Consortium agrees to:

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The South Central Comprehensive Child Health Consortium which includes Houston R-I School District, Administrative District; Summersville R-II School District, Licking R-VIII School District, Cabool R-IV School District, Raymondville R-VII School District, Success R-VI School District, Willow Springs R-IV School District, Eminence R-I School District, Mountain View-Birch Tree R-III School District, and Phelps County R-III School District, Participating Districts, shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the district toward attainment of the ACM Program goals. The following list of activities have been identified as appropriate for providing the Administrative Case Management function.

a. Assisting children and families to establish Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility.

b. Outreach Activities:

(1) informing foster care providers of all Title IV-E eligible children enrolled in DESE operated programs of the HCY/EPSDT program;

(2) informing Medicaid eligible students who are pregnant or who are parents and attending DESE operated programs about the availability of HCY/EPSDT services for children under the age of 21; and

(3) Outreach activities directed toward providers, recruiting them to become Medicaid providers and to accept Medicaid referrals.

c. Coordination of HCY/EPSDT Screens and Evaluations:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual. A medical care home is a coordinated, comprehensive, continuous health care program to address

TN No. 95-54e

Approval Date FEB 06 1996

Supersedes TN No. New Material

Effective Date 1-1-96

the child's primary health needs. The health care home should provide or make arrangements for after hours care, and coordinate a child's specialty needs. The health care home should follow the screening periodicity schedule and perform interperiodic screens when medically necessary. Conditions identified during the course of care may require the development of a plan of care. Coordination activities include, but are not limited to:

- (1) making referrals and providing related activities for EPSDT/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid Provider Manual. EPSDT screens include comprehensive health and developmental, mental health, vision, hearing and dental screens.
- (2) making referrals and providing related activities for evaluations that may be required as the result of a condition identified during the child's screen;

d. Case Planning and Coordination:

This activity includes assistance to the client and the family in developing and carrying out a case or service plan. Activities include, but are not limited to;

- (1) identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individualized Family Service Plan (IFSP);
- (2) identifying and providing assistance for medically necessary and educationally relevant services required as the result of any regular, interperiodic, or partial EPSDT/HCY screen;
- (3) developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in the development and periodic review of the case plan, (IEP or ISFP);
- (4) coordinating the closure of the case, referral to any needed services, and realignment of the case plan (IEP or ISFP);
- (5) assisting children and families in accessing immunization services and scheduling appointments;
- (6) arranging and coordinating prenatal, post-partum, and newborn medical services, making referrals to providers of targeted prenatal case management;

TN No. 95-56

Approval Date FEB 06 1996

Supersedes TN No. New Material

Effective Date 1-1-96

- (7) arranging and coordinating dietary counseling or medical services for children with medical needs including, but not limited to, gross obesity, diabetes, anorexia, or bulimia; and
 - (8) arranging for and coordinating transportation for children and families to obtain medical screenings and services.
- e. Anticipatory guidance to caretakers relating to specific medical needs of a child.
2. Account for the activities of staff providing EPSDT Administrative Case Management in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. Follow predetermined methodology for evaluating the appropriate percentage of staff time, costs, etc. Develop and submit time study methodology with initial invoice.
 3. Provide as requested by the Division of Medical Services, the information necessary to request federal funds available under the state Medicaid match rates.
 4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
 5. Certify to DSS the provisions of the non-federal share for HCY Administrative Case Management via completion of DMS "Certification of General Revenue" form.
 6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the South Central Comprehensive Child Health Consortium.
 7. Consult with the Division of Medical Services on issues arising out of this agreement.
 8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
 9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
 10. Submit claims on a quarterly basis.

TN No. 95-56Approval Date FEB 06 1996Supersedes TN No. New MaterialEffective Date 1-1-96

III PROGRAM DESCRIPTION

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

IV PROGRAM EVALUATION PLAN

A designated representative from the South Central Comprehensive Child Health Consortium and the Medicaid agency shall meet annually for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

TN No. 95-56

Approval Date FEB 06 1996

Supersedes TN No. New Material

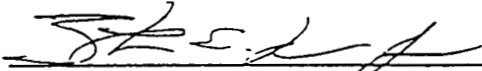
Effective Date 1-1-96

TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from January 1, 1996, through December 31, 1997. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.


TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from January 1, 1996, through December 31, 1997. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.


 Gary J. Stangler, Director
 Department of Social Services

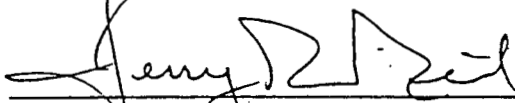
12/19/95

Date


 Donna Checkett, Director
 Division of Medical Services

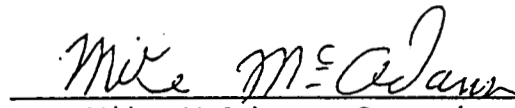
12-13-95

Date


 Dr. Terry Reid, Superintendent
 Houston R-I School District
 Administrative District for the
 South Central Comprehensive
 Child Health Consortium

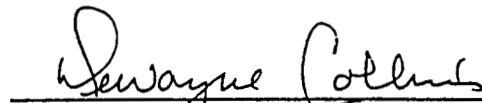
11-8-95

Date


 Dr. Mike McAdams, Superintendent
 Summersville R-II School District
 Participating District

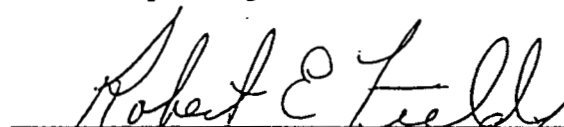
11-8-95

Date


 Mr. Dewayne Collins, Superintendent
 Licking R-VIII School District
 Participating District

11-15-95

Date


 Mr. Robert Fields, Superintendent
 Cabool R-IV School District
 Participating District

11-8-95

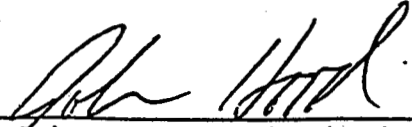
Date

TN No. 95-56

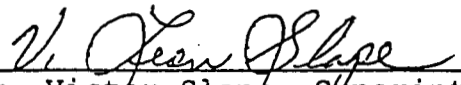
Approval Date FEB 06 1996

Supersedes TN No. New Material

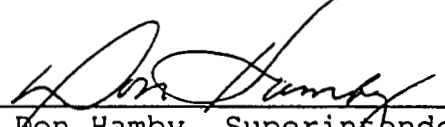
Effective Date 1-1-96


 Mr. John Hood, Principal
 Raymondville R-VII School District
 Participating District


11/14/95
 Date


 Mr. Victor Slape, Superintendent
 Success R-VI School District
 Participating District

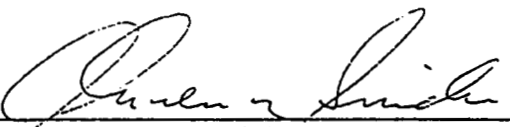
11-8-95
 Date


 Dr. Don Hamby, Superintendent
 Willow Springs R-IV District
 Participating District

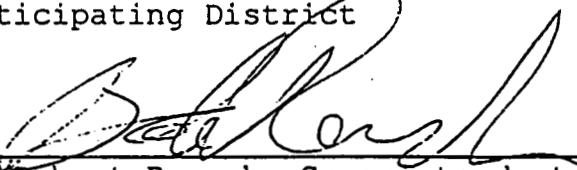
11-8-95
 Date


 Mr. Eric Mansfield, Superintendent
 Eminence R-I School District
 Participating District

11-19-95
 Date


 Mr. Charles Snider, Superintendent
 Mountain View-Birchtree R-III School District
 Participating District

11-8-95
 Date


 Mr. Robert Rensch, Superintendent
 Phelps County R-III School District
 Participating District

11/8/95
 Date

TN No. 95-56

Approval Date FEB 06 1996

Supersedes TN No. New Material

Effective Date 1-1-96

COOPERATIVE AGREEMENT BETWEEN THE
MISSOURI DEPARTMENT OF SOCIAL SERVICES
Division of Medical Services
and the
MISSOURI DEPARTMENT OF HEALTH
Bureau of Special Health Care Needs
Head Injury Program

NON-EMERGENCY MEDICAL TRANSPORTATION

I
STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS), Division of Medical Services (DMS) and the Department of Health, Bureau of Special Health Care Needs, Head Injury Program (DOH/BSHCN), in order to provide the most efficient and cost effective Non-Emergency Medical Transportation (NEMT) services, hereby agree to the conditions included in this cooperative agreement.

II
MUTUAL OBJECTIVES

1. To ensure transportation services to and from covered Missouri Medicaid services for head injured Medicaid eligible recipients age 21 or over, who have no other transportation resources. Transportation will be provided through the DOH/BSHCN for described individuals in the most appropriate, least costly manner.

III
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH/BSHCN the Title XIX Federal share of actual and reasonable costs established for the administration of medically necessary non-emergency medical transportation. The rate of reimbursement for eligible costs will be 50%. Changes in Federal regulations affecting the matching percentage, and/or costs eligible for enhanced

TN# 00-07
Supersedes TN# 96-31

Approval Date MAY 05 2000
Effective Date 01/01/00

or administrative match, which become effective subsequent to the execution of the agreement will be applied as provided in the regulations.

2. Provide DOH/BSHCN access to the information necessary to properly provide transportation administration and information regarding Medicaid eligibility.
3. Meet and consult on a regular basis, at least annually, with DOH/BSHCN on issues related to this agreement.
4. Develop and conduct periodic utilization reviews in cooperation with DOH/BSHCN to ensure payments made to DOH/BSHCN do not duplicate other Medicaid NEMT payments.
5. Refer recipients who meet the following criteria to the DMS NEMT broker: have not reached their 21 birthday; are injured before age 22; or are on the DOH waiting list for transportation by DOH, but for which DOH funds are not available. Referral for NEMT services should be to the appropriate NEMT broker depending on the county of residence.
6. Maintain the confidentiality of client records and eligibility information received from DOH and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.

DOH/BSHCN agrees to:

1. Identify Medicaid eligible head injury recipients age 21 or over who have been approved by DOH for Comprehensive Day Rehab service and determine those who do not have access to free non-emergency medical transportation for scheduled medically necessary, Medicaid covered services.

To be eligible for Medicaid coverage of NEMT services, individuals must be eligible for Medicaid or MC+ under a federally matched eligibility category. Individuals eligible under State Only Eligibility Categories: (ME Codes 02, 08, 09, 51, 52, 57, 59 and 64), are not eligible for the Medicaid NEMT program nor QMB (ME Code 55), nor Medicaid Expansion recipients (ME Codes 71-77 and 80).

2. Arrange/Schedule the most cost-effective, non-emergency medical transportation service appropriate for the needs of the recipient.

A. DOH Program Staff will identify those individuals who have reached their 21

TN# 00-07 Approval Date MAY 15 2000
Supersedes TN# 96-31 Effective Date 01/01/00

birthday and are receiving transportation services through the Comprehensive Day Rehab program funded by Medicaid.

B. Notify DSM (via disk) of all recipients approved for transportation to Medicaid funded Comprehensive Day Rehab services for which DOH will certify the state share and claim services under the terms of this agreement.

C. Notify DMS of all recipients who are on a waiting list for DOH transportation, and as the waiting list is updated, the updated listing will be forwarded to the DSM NEMT coordinator in disk format.

DMS will use the waiting list to identify those individuals who are eligible to receive NEMT to Comprehensive Day Rehab services through the broker. As individuals are moved from the waiting list to the approved list (item B) DOH will assume the responsibility for transport.

D. DOH program staff will report transportation costs for Medicaid eligible recipients receiving transportation from DOH as provided under the terms of this agreement.

3. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS Certification of General Revenue for the Department of Social Services Division of Medical Services Title XIX Transportation Program form (Appendix A) and on each invoice for Medicaid Administration of Transportation (Appendix B). DOH will supply DMS with a copy of their methodology for reimbursable DOH contracted transportation vendors for whom they will submit invoices for cost of transport of Medicaid recipients.

4. Provide, as requested by the state Medicaid agency, the information necessary to request Federal funds available under the state's Medicaid match rate. Information will include at least: Recipient name; Medicaid Departmental Client Number (DCN); Date of Service; Name of Medicaid provider to whom recipient was transported; and actual cost of NEMT service and mileage.

A. Submit claims on a quarterly basis via Invoice for Medicaid Administration of Transportation form (Appendix B).

B. DOH will supply DMS with a copy of their methodology for reimbursing DOH contracted transportation vendors for whom they will submit invoices for cost of transport of Medicaid recipients.

TN# 00 - 07
Supersedes TN# 96-31

Approval Date MAY 05 2000
Effective Date 01/01/00